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When the topic of "rural health" is raised, whether by policy makers, the general public, or even public health professionals, the conjured vision is often one of individuals having difficulties accessing healthcare services due to a lack of facilities and/or providers. While the issue of access to care remains a critical challenge throughout rural America, and one that must not be overlooked, we must take a broader view of rural health. It is clear that rural citizens face significant health disparities when compared to the general population and that access to healthcare services, albeit important, is only one of many factors influencing their health. Other factors, such as health behaviors among rural citizens, persistent poverty, disease surveillance challenges created by smaller populations, unique environmental factors, and too many others to list, call for a public health response to addressing rural health concerns.

From a historical perspective, the lack of public health focus in rural jurisdictions is not a surprise. The field of public health emerged in the late 18th century as an urban concern, dealing with issues of sanitation and infectious disease that were common in urban centers. Rural areas, on the other hand, were considered by their very nature to be healthy – clean water and clean air were thought to be curative, and sick urban residents were often sent to the country to recuperate. Only when urban public health issues began to be addressed, and health data started to demonstrate that rural residents were now less healthy than their urban counterparts, did it become evident that public health interventions could also benefit rural citizens. This was articulately stated in 1899 by Pennsylvania Governor Daniel H. Hastings, who reported to the Pennsylvania legislature that it was fiction to assume "that the country districts are naturally so

healthy that there is no need for laws to prevent disease."[1] Still, it wasn't until the early 1900s, over 100 years after the development of the first urban health departments, that a second wave of public health capacity development began, this time in rural jurisdictions. Around this same time, however, great advances were also being made in medicine, and the primary focus of rural health activity soon shifted to ensuring access to health care services rather than public health preventive measures. I do not say this to denigrate the importance of providing access to health care services – medical services are clearly a critical component to ensuring healthy rural populations – but rather to demonstrate an imbalance in our rural focus between care and prevention. To ensure a healthy population, both are clearly necessary.

To see the need for public health prevention in rural jurisdictions one must only look at the health data, which speak for themselves. In August, 2001, the National Center for Health Statistics at the Centers for Disease Control and Prevention released the 25th annual statistical report on the Nation's health. This report presented the first look at the nation's health status relative to community urbanization level. Specific findings demonstrated a number of disparities in health status between rural and non-rural citizens including the following:

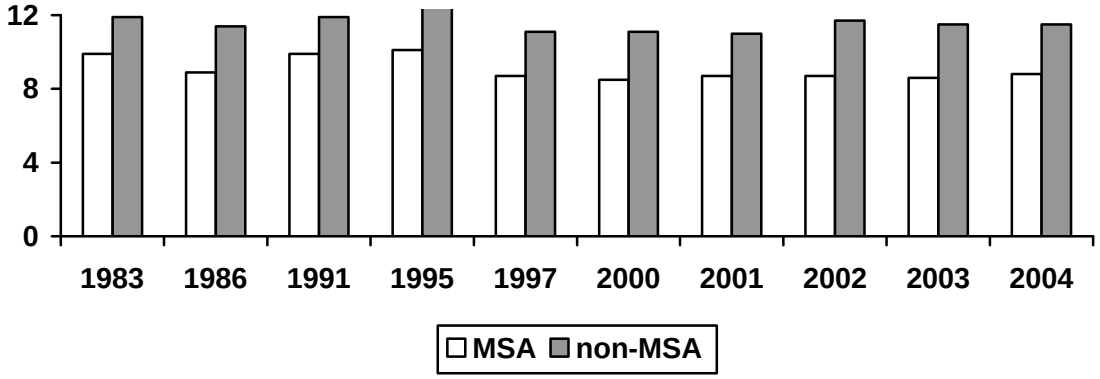
- teenagers and adults in rural counties were more likely to smoke
- residents of rural communities had the fewest dental care visits
- death rates for working-age adults were highest in the most rural and most urban areas
- heart disease mortality rates where higher among rural residents
- suicide rates were higher among rural residents
- rural areas had a high percentage of residents without health insurance

[1] "Biennial Message, Governor Daniel Hartman Hastings, January 1, 1899," *Pennsylvania Archives*, 4th ser., 12 (Harrisburg, PA, 1902), 315.

- and residents of rural areas had the highest death rates for unintentional injuries in general, and for motor-vehicle injuries specifically.[2]

More recent analyses conducted by NORC at the University of Chicago in 2008 confirm many of the findings from the 2001 CDC report, and demonstrate the ongoing challenges faced by rural residents, who are more likely to report their overall health status to be fair or poor than non-rural residents (Figure 1), and who report prevalence of chronic, preventable conditions to a greater degree than non-rural residents (Figure 2).

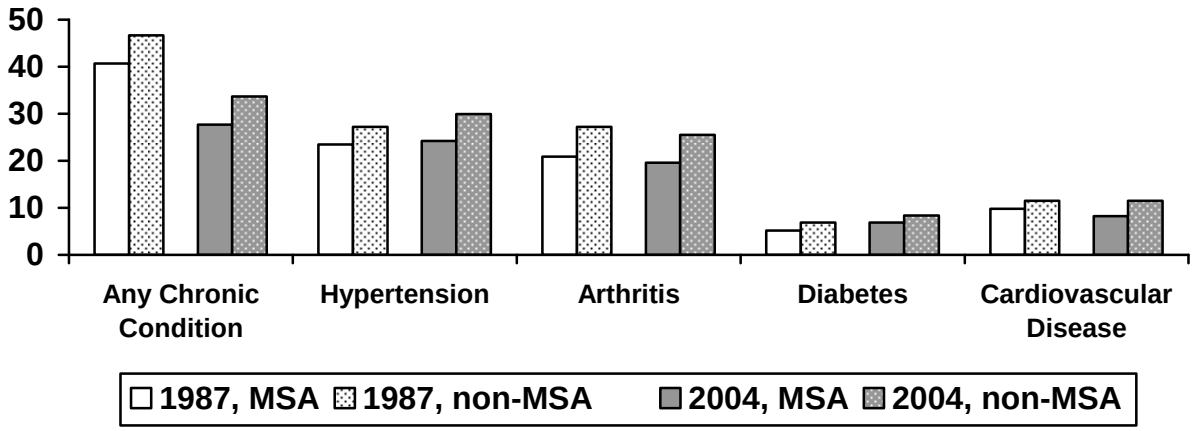
Figure 1. Percent Reporting Fair or Poor Health Status Metropolitan Statistical Area (MSA) vs. Non-MSA



Source: National Health Interview Survey.
All percents are adjusted for differences in age distribution of population.

[2] *Health, United States, 2001 With Rural and Urban Health Chartbook*. Hyattsville, Md: Centers for Disease Control and Prevention, National Center for Health Statistics; 2001.

Figure 2. Prevalence of Selected Chronic Conditions
Metropolitan Statistical Area (MSA) vs. Non-MSA



Source: 2004 Medical Expenditure Panel Survey, 1987 National Medical Expenditure Survey.

To effectively address these issues, I believe that a robust public health infrastructure is needed that provides services to all citizens in all communities. Public health has been called a system of "organized community efforts aimed at the prevention of disease and promotion of health." Its work is often described as three core functions: ***assessing*** the health needs of a population, ***developing policies*** to meet these needs, and ***assuring*** that services are always available and organized to meet the challenges at the individual and community levels. While aspects of these functions may be delegated to, or voluntarily carried out by, private-sector professionals and organizations, ultimate responsibility and accountability rests with governments at the local, state, and federal levels. The issues that we face in rural communities clearly require a coordinated response from both our governmental public health system and our private health care delivery system. However, in many rural jurisdictions the governmental public health authority either lacks capacity, or doesn't even exist. Many rural and frontier areas have no local health department at all, and those public health departments that do serve rural

areas face significant challenges in recruiting and retaining qualified personel, especially those with formal public health training such as public health nurses and epidemiologists.

In 2004, the National Rural Health Association (NRHA) took a critical look at the health issues facing rural Americans and the capacities of both the healthcare delivery system and the public health system to address them. The association recognized that the healthcare delivery system alone will not be able to eliminate the health disparities faced throughout the rural United States and adopted the following recommendations[3]:

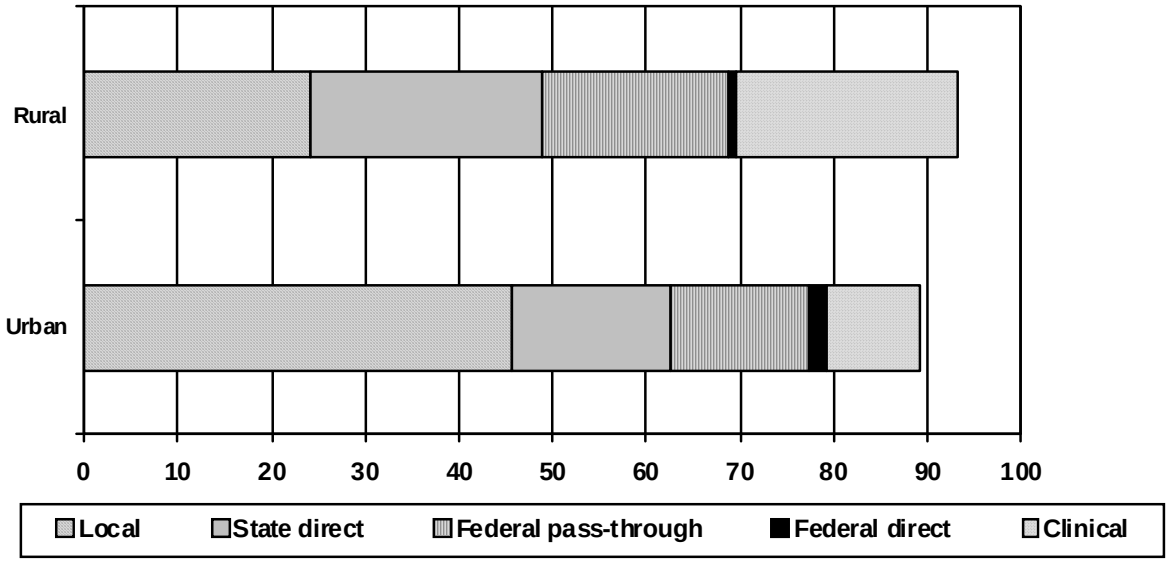
- *All citizens and all communities* should have comparable access to agencies and individuals that assure the provision of the essential public health services. Whether provided locally or on a regional basis, by governmental agencies or the private sector, every citizen has the right to expect access to the full complement of essential public health services in their community.
- Public health is a common good and that there is a governmental responsibility to *assure* access to essential public health services in every community. Regardless of who actually provides the service, there is a governmental responsibility to provide oversight and the governmental public health infrastructure must be strengthened to support this role.
- The rural public health workforce needs support through training and continuing education that is accessible to them in their rural communities, and that is appropriate for their current level of training and experience. A key ingredient to assuring adequate public health services is a competent public health workforce. Whether employed in the public or private sector, public health workers must be well versed in their field.

[3] NRHA policy statement available online at http://www.nrharural.org/advocacy/sub/policybriefs/public_hlth.pdf

- Communication systems and technological capacities within the rural public health system need to be strengthened. In order to effectively manage public health emergencies, conduct disease surveillance, or simply receive up-to-date public health information, rural public health must have access to advanced communications systems and technologies.
- Greater flexibility is needed in the use of public health resources to respond to local public health priorities. The current public health system is limited by categorical funding which often forces it to address state and federal priorities rather than local needs. Public health works best when it is responsive to locally identified priorities. Funding streams need to support rather than inhibit this responsiveness.

This last point is worthy of a bit more attention. It is important to note that while local health departments typically receive funding from local tax sources in addition to state funding and federal pass-through funding, rural health departments (where they exist) rely disproportionately on state and federal funding as compared to their urban counterparts. Having proportionately less local funding, which the health department has greater control over, means that rural health departments have less capacity to respond to local needs than non-rural health departments. State and federal funding could be distributed to more effectively allow for local flexibility by tying program activities to local health assessments and holding the health departments accountable to addressing those locally identified needs. As the system works now, health departments are required to implement programs within the categorically funded focus areas, which may or may not correspond to local needs. Figure 3 shows findings from a recent NORC at the University of Chicago study detailing the proportion of rural versus urban local health department funds by source.

Figure 3: Sources of Local Health Department Funding
Rural versus Urban



In addition to the NRHA recommendations, which I believe are all sound, I would like to offer one more that I feel would benefit rural communities in a tangible way. Earlier I discussed the CDC's 2001 report on health status relative to community urbanization levels. These data continue to be the basis for much of our understanding of rural health status, but they are clearly dated. CDC should regularly conduct analyses relative to community urbanization levels. Further, I would recommend that CDC establish an office dedicated to investigating issues of importance to rural public health – a report on rural health status could be an annual deliverable from that office. I think it notable that the only dedicated office with a rural focus within the Department of Health and Human Services exists within the Health Resources and Services Administration. That office does considerable work to ensure access to healthcare services for rural citizens, and its value to improving health in rural communities is immeasurable. A similar dedicated focus at CDC could provide the same kind of dedicated federal attention for public health and prevention, that HRSA provides for access to health care services.

In closing, I would like to make one final point. This issue of rural health is not just a rural issue. Ensuring the health and well being of our rural citizens is in the interest of all of us, rural, urban and suburban. We live in a mobile society, and there are strong connections between urban and rural communities, including familial relationships, agricultural production and delivery, and commerce. We need a strong system in place in our rural communities that both ensures access to quality health services *and* a strong public health infrastructure that delivers important health messages to its citizens, identifies and mitigates the effects of infectious diseases and foodborne outbreaks, and helps to respond effectively to emergencies such as natural disasters and infectious disease outbreaks. In the end, it is important to recognize that the health of all of us depends upon all of our communities having effective health care delivery and public health capacities.